



Sentencing Revocation Report

Date Form Completed: _____

◆ OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
Month Day Year

SID/CCRE: _____

◆ COURT

Judicial Circuit: _____ City/County: _____ FIPS Code: _____

Judge's Name: _____
Office Use Only

◆ MOST SERIOUS ORIGINAL FELONY OFFENSE INFORMATION

Primary Offense _____ VCC _____ Sentencing Date (Original) _____
Month Day Year

PSI NUMBER: _____

◆ ORIGINAL DISPOSITION INFORMATION

☐ No Incarceration ☐ Detention or Diversion Center Incarceration (no active incarceration) ☐ Jail or Prison

◆ TYPE OF REVOCATION (check all that apply)

☐ Probation ☐ Post-Release ☐ Good Behavior ☐ Suspended Sentence ☐ Community-Based Program

◆ CONDITIONS CITED IN VIOLATION (check all that apply)

- ☐ 1. Fail to obey all Federal, State, and local laws and ordinances
- ☐ 2. Fail to report any arrests within 3 days to probation officer
- ☐ 3. Fail to maintain employment or to report changes in employment
- ☐ 4. Fail to report as instructed
- ☐ 5. Fail to allow probation officer to visit home or place of employment
- ☐ 6. Fail to follow instructions and be truthful and cooperative
- ☐ 7. Use alcoholic beverages
- ☐ 8. Use, possess, distribute controlled substances or paraphernalia
- ☐ 9. Use, own, possess, transport or carry firearm
- ☐ 10. Change residence or leave State of Virginia without permission
- ☐ 11. Abscond from supervision
- ☐ Fail to follow special conditions (specify) _____

Complete if there are any new law
or ordinance violations:

VCCs for most serious conviction

Location of Arrest:

☐ Virginia ☐ Out of State or Federal

◆ VIOLATION GUIDELINES RECOMMENDATION

☐ Probation/No Incarceration

☐ Incarceration (Enter Range Below)

Range _____ to _____
Years Months Days Years Months Days

☐ Recommendation
Exceeds Revocable Time of _____
Years Months Days

☐ Probation Violation Guidelines
Do Not Apply (check reason)

- ___ Condition 1 Violation
- ___ 1st Offender Violation
- ___ Parole Eligible Case
- ___ Revocation Other Than Probation



Final Decision/Disposition

To be completed by the sentencing Judge or Judge's designee.

◆ DECISION OF THE COURT

☐ Found in Violation— OR →
of Conditions Cited

☐ Taken Under Advisement

☐ Not in Violation

☐ Found in Violation of the Following Conditions: (check all that apply)

☐ Fail to obey all laws and ordinances

☐ Fail to report any arrests within 3 days

☐ Fail to maintain employment/report changes

☐ Fail to report as instructed

☐ Fail to allow probation officer to visit

☐ Fail to follow instructions and be truthful

☐ Use alcoholic beverages

☐ Use, possess, distribute drugs or paraphernalia

☐ Use, own, possess firearm

☐ Change residence/leave State without permission

☐ Abscond from supervision

☐ Fail to follow special conditions _____

◆ SENTENCE FOR REVOCATION

Amount of Revocable Time at Hearing/Sentencing.....☐ Life +

Amount of Time to Serve for Violation.....☐ Life +

Placed on Supervised Probation For:☐ Indefinite

☐ Continued Under Same Conditions

☐ Released from Supervision/Restrictions

Years	Months	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Sentenced to
Time Served

☐ Continued on
Same Period of
Supervision

◆ SANCTIONS IMPOSED FOR REVOCATION (Check all that apply)

☐ Electronic Monitoring

☐ Day Reporting

☐ Intensive Probation

☐ Other _____

☐ Detention Center Incarceration ☐ Diversion Center Incarceration

☐ Community-Based Program _____

Specify type or name of program

Office Use Only	
<input type="text"/>	<input type="text"/>
<small>Other</small>	<small>CBP</small>

◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>

◆ DATE OF REVOCATION DECISION

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<small>Month</small>		<small>Day</small>		<small>Year</small>

Judge's Signature

Probation Violation Guidelines
Section A
Offender Name:

◆ **Original Disposition was Incarceration**
 If YES, add 1

◆ **Original Felony Offense Type**
select the type of most serious original felony offense

A. Drug	13
B. Person	15
C. Traffic/Weapon	24
D. Other	1
E. Property	3

Score

◆ **Previous Adult Probation Revocation Events**

Number: 1- 2	7
3 or more	10

◆ **New Felony Arrests**

Number: 1 - 3	4
4 or more	18

◆ **Never Reported to /Unsuccessful Discharge from following Programs**

Community service, Day Reporting, Employment and/or Residential programs	15
Detention or Diversion Center	18

◆ **Condition Violated**
score only the violation receiving the highest points

2. Fail to report any arrests within 3 days to probation officer	17
3. Fail to maintain employment/report changes in employment	17
4. Fail to report as instructed	18
5. Fail to allow probation officer to visit home or place of employment	17
6. Fail to follow instructions and be truthful and cooperative	18
7. Use alcoholic beverages to excess	17
8. Use, possess, distribute controlled substances or paraphernalia	31
9. Use, own, possess, transport or carry firearm	17
10. Change of residence or leave Commonwealth of Virginia	1
11. Abscond from supervision	34
Fail to follow special conditions (sex offender)	19
Fail to follow special conditions (other than sex offender conditions)	11

◆ **Absconded 13 months or more**
 If YES, add 5

Total Score
 If total is 36 or less, the recommendation is **Probation/No Incarceration**.
 If total is 37 or more, go to **Section C Worksheet**.

Probation Violation Guidelines ❖ Section C

Offender Name: _____

◆ Original Felony Offense Type *select the type of most serious original felony offense*

A. DWI or Habitual Offender	3
B. Property	4
C. Drug	5
D. Person	13
E. Weapon	16
F. Other	1

Score

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◆ Previous Adult Probation Revocation Events

Events: 1 - 2	4
3 or more	16

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◆ New Arrests for Crimes Against Person

Number: 0	0
1	4
2	15
3 - 4	30
5 or more	38

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◆ New Arrests for Nonperson Crimes

Number: 0 - 1	0
2	9
3 - 4	12
5 or more	19

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◆ Months until First Noncompliant Incident

10 months or less	28
11 months to 22 months	22
23 months or more	0

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◆ Unsuccessful Discharge from Detention Center Program

If YES, add 30

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◆ Never Reported to Drug Treatment/Drug Education Program

Number: 1 - 2	9
3 or more	16

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◆ Positive Drug Test or Signed Admission (not marijuana or alcohol) — If YES, add 10

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◆ Violated Sex Offender Restrictions

If YES, add 5

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◆ Time Absconded

2 months or less	0
3 months to 24 months	9
25 months or more	12

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Total Score

See Probation Violation Guidelines Section C
Recommendation Table for guidelines sentence range.

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